

# Best Available Copy

Attorney Docket: 013341-000019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SEP 30 2002  
US PATENT & TRADEMARK  
OFFICE

In re application of: Jeffrey C. Leung et al.

Application Number: 10/065,280

Confirmation No. 5694

Filed: September 30, 2002

For: Barbed Sutures

Asst. Commissioner for Patents  
Attn: Refund Department  
P.O. Box 1450  
Alexandria, VA 22313-1450

## PETITION FOR REFUND

Upon review of our deposit account no. 13-4365, a \$200.00 fee (fee code 1201) was charged for the above-referenced application on September 1, 2005 in error. Prior to filing the Amendment there were 27 claims with 14 of them independent claims. Claims 28-30 were added for a total of 30 claims. The 3 added claims were dependent claims. There were no new independent claims added in the application. Therefore, Applicant herein requests a refund to Moore & Van Allen's deposit account no. 13-4365 in the amount \$200.00.

Respectfully submitted,

Date: 9-15-08

By: 

Michael G. Johnston  
Registration Number: 38,194  
Moore & Van Allen PLLC  
430 Davis Drive, Suite 500  
PO Box 13706  
Research Triangle Park, NC 27709  
Telephone: 919-286-8000

### FACSIMILE TRANSMISSION CERTIFICATE

I hereby certify that this correspondence is being filed in the U.S. Patent & Trademark Office, Refund Department, PO Box 1450, Alexandria, VA 22313-1450 on           , 2005, to facsimile number (571-273-8300)

No. of Pages 2

Laura McCullen

Adjustment date: 03/29/2006 EEKUBAY1  
09701/2005 DPOLLARD 00000004 134365 10065280  
01 FC:1201 200.00 CR

# Best Available Copy

PTO/SB/21 (09-04)

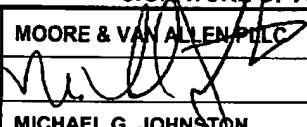
Approved for use through 07/31/2008. OMB 0651-0031

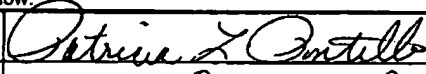
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/065,280
		Filing Date	September 30, 2002
		First Named Inventor	Jeffrey C. Leung
		Art Unit	3731
		Examiner Name	JACKSON, GARY
Total Number of Pages In This Submission	2	Attorney Docket Number	013341-000019

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MOORE & VAN ALLEN P.L.C.		
Signature			
Printed Name	MICHAEL G. JOHNSTON		
Date	9-15-05	Reg. No.	38,194

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Laura McCullen PATRICIA L. PONTELLO	Date	9-15-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.